Baseline Progress Report

SECTION 1: Grantee Information

1. Grantee:	Date Submitted:
2. Prepared by:	3. Your Role(s):
4. Phone:	5. Email:

SECTION 2: Project Activities/Participants

2.1 – Project Activities

1. Please describe any project activity that occurred during the 12 months prior to the grant period (ex: hiring/training staff, securing facilities, etc.).

2.2 – Participants

1. Does your project formally enroll participants?

1a. (if yes to 1) How many participants were <u>formally enrolled</u> in your project during the **12 months prior to the grant**? If no participants were enrolled before the grant, write "N/A".

2. Has your project <u>informally</u> served any participants during the 12 months prior to the grant period?

2a. (if yes to 2) Indicate the number of months within the 12 months prior to the grant period your project has been providing informal services to participants:

SECTION 3: Project Goals – Baseline Data

3.1 – Crime, Criminogenic behaviors, and/or Recidivism Reduction Goals:

Items 1a-1d refer only to participants enrolled during the 12 months prior to the grant:

	1a. How many were involved in gang activities prior to enrollment?
	1b. How many were involved in the justice system prior to enrollment?
	1c. How many recidivated after enrollment?
	1d. How many committed violence/violent incidents after enrollment?
2.	Does your project's target population include youth under age 18?
	2a. (if yes to 2) Do you have/will you have an agreement/partnership with schools to collect student criminogenic/delinquency data?
	 (if yes to 2a) What is the percentage of students with criminogenic behaviors during the 12 months prior to the grant across all partnered schools? If you do not have access to this information, leave this item blank.
	ii. (if no to 2a) How do you plan to collect criminogenic data about the youth target population?
	 2b. (if yes to 2) How many youths were enrolled in your project in the 12 months prior to the grant? If none, leave this item blank.
 2c. (if yes to 2) Of the youth enrolled in the 12 months prior to the grant, how many were considered at-risk? (If your project doesn't assess risk, leave this item blank) 	
	2d. (if yes to 2) Of the youth enrolled in your project in the 12 months prior to the grant, how many were involved in criminogenic behaviors prior to enrollment?

- **3.** Do any of your project's goals include detecting/interrupting cycles of violence?
 - 3a. (if yes to 3) How many incidents were interrupted in the 12 months prior to the grant?

3.2 - Service/Work Goals:

- During the 12 months prior to the grant, approximately how many hours of service were provided for each of the following project activities (estimates are okay): Note: if a service listed below was not provided by your project in the last 12 months, leave those items blank.
 1a. Case management services:

 1b. Community engagement services:
 1c. Intervention services (street outreach, hospital-based, crisis, gang, etc.):
 1d. Mentorship services:
 - **1e.** Mental health services/treatment:
 - 1f. Training/skills building:
 - 1g. Student services:
 - **1h.** Substance use services/treatment:

3.3 – Positive Participant Outcomes:

- 1. Do any of the project's goals focus on improving participant outcomes (ex: reducing risk factors, improving education/employment status, increasing protective factors, etc.)?
 - 1a. (if yes to 1) What positive participant outcomes will you measure and how will you be measuring them (survey, record review, etc.)?Please list each outcome and how it will be measured separately.

3.4 – Community Outcomes:

- **1.** Is your project measuring outcomes that will affect the community (ex: building community efficacy, promoting community safety, strengthening relationships between the community and law enforcement, etc.)?
 - **1a.** (if yes to 1) What community outcomes are you measuring and how will you measure them? Please list each outcome and how it will be measured separately.

SECTION 4: Project Plans

4.1 – Planned Project Activities

Please select any and all activities that are/will be elements of your project. Indicate if those services are Direct Services, Indirect Services, or Not Applicable to your project.

- **1.** Access to Basic Services:
- **2.** Case Management:
- 3. Community Engagement/Improvement:
- **4.** Focused Deterrence:
- 5. Housing Services:
- 6. Mentoring Services:
- 7. Gang Intervention Services:
- 8. Outreach/Intervention (hospital, street-based, crisis, etc.):
- 9. School/Student Services:
- 10. Substance Use Treatment Services:
- 11. Mental Health Services/Behavior Modification Services:
- **12.** Training/Skills Building:
- 13. Other Services:

13a. (if Direct Services or Indirect Services are selected for 13) Please describe what project activities fall under "Other":

4.2 – Risk/Needs Assessment

1. Does your project formally assess the level of risk and/or needs of enrolled participants?

1a. (if yes to 1) Please name/describe the assessment tool(s) used. Briefly name any formal assessment tools your project uses and describe how they assess the risk/needs of participants.

1b. (if no to 1) Please describe how participant needs are determined and/or your placement process.

4.3 – How do you define "Successful Completion"?

1. Describe the measurable milestones your project uses to determine when a participant has successfully completed services.